

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/07/03.

I. DISPUTE

Whether there should be additional reimbursement for E0236, E1399, and L3670.

II. FINDINGS

The respondent reduced payment of the durable medical equipment based upon "M- No MAR".

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
05/20/03	E0236	\$494.00	\$50.00	M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR VIII & IX Section 413.011 (b)	The requestor did not provide redacted EOBs from insurance carriers that would support amount billed is fair and reasonable. A change in reimbursement has not been supported. Additional reimbursement is not recommended.
	E1399	\$155.00	\$11.15				
	L3670	\$450.00	\$87.62				
Totals		\$1,099.00	\$148.77				The Requestor is not entitled to additional reimbursement.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement.

The above Findings, Decision and Order are hereby issued this 07th day of May 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/llc